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PLACE OF DEATH	13869 01
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STATE OF MARYLAND CERTIFICATE OF DEATH

2001

Villag	e or City fermaniille (No. Ba	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	5 SINGLE	18 DATE OF DEATH Comber 6, 1914. (Month) (Day (Year) 17 I HEREBY CERTIFY, That 1 attended deceased from
6 DAT	(Month) (Day (Year)	that I last saw harmalive on December 15, 1914, and that death occurred on the date stated above, at 4:309 m.
7 AGE	If LESS than 1 day,hrs. ORmin. ?	The CAUSE OF DEATH* was as follows: Chronic interstities replacition.
parti (b) busin whic	frado, profession, or icular kind of work. General nature of Industry, less, or establishment in frame of employer) The mployed (or employer) Manyland 10 NAME OF FATHER Unknown	(Duration) yrs mos ds. Contributory Becondary (Duration) yrs mos ds. (Signed) P Bean , M. D. December 1914 (Address) Janboseville Md.
PARENTS	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Unknown	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs. mos. ds. State yrs. mos. day
16	(Address) Commence Company (Address) Commence Company (Address) Commence Co	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestle service for wages, as should be taken to report speelfically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no oecnpation whatever, write Nonc. been changed or given up ou account of the disease Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichae ctc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras genital," "Senile," etc.), "Dropsy," themia," "Anaemia" (merely symptomatic), "Atrophy." merc symptoms or terminal conditions, such as "As Bronchopucumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver acound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which snrgical operation was undertaken. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Measles (Recommendations on statement of may be stated under the head of (disease eansing death), 29 "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied.

DEATH in plain terms, so that it may be see instructions on back of certificate.

CAUSE OF Important.

N.B.

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

classified.

AGE

RECORD

PERMANENT stated EXACTLY.

1 PLACE OF DEATH 13870



STATE OF MARYLAND CERTIFICATE OF DEATH

Regis	tration	Dist.	No.	7
			Fif death	occur

Welch

red in a hospital or Institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 20, 191-4 (Month) (Day (Year)
6 DATE OF		17 I HEREBY CERTIFY. That I attended deceased from 1914, to Dec. 19 14, that I last saw here alive on Dec. 19 14, 1914.
⁷ AGE	yrs mos ds or min.?	and that death occurred on the data stated above, at
which employe	d of work	Contributory Secondary (Dorafion) yrs mos ds.
ST II BIR OF (St L MAI OF OF OF	THPLACE MOTHER Glias Brookbank THPLACE FATHER CATE OF COUNTRY) J. Many's Co THPLACE MOTHER THPLACE MOTHER ALE OF COUNTRY) MOTHER THE COUNTRY THE COUNTR	(Signed) Solvery, M. D. Are 1914 (Address) Mechanics oils, In. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutiona, Transienta, or Recent Residenta) Af place in the of death yrs. mos. ds. State yrs, mos. ds.
(informant) (Addi	EVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Whore was discose contracted, If not at place of death? Former or usual residence Many Rycarity, Mr. 19 PLACE OF BURIAL OR REMOVAL At home (Private Cantay) one 22 1, 1914 20 UNDERTAKER ADDRESS

REGISTRAR

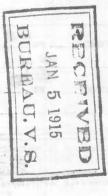
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastcs (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from For vio-



RECORD	PHYSICIANS should state t of OCCUPATION Is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

PARI

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12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

CE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

The second secon	Registration Dist. No.
VIIIage or city lower Salen (No. 2 FULL NAME Ruth Ellen Ce	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewall White (Write the word)	18 DATE OF DEATH ALE S., 1914 (Month) (Day (Year)
e DATE OF BIRTH (Month) (Day (Year)	that I last saw h La alive on Ale
7 AGE 11 LESS than 1 day, hrs. 0R min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Brehal Chaflege (Duration) yrs mos 3 ds
9 BIRTHPLACE (State or country)	Gontributory Secondary ADuration yrs mos ds
10 NAME OF Robert Ford 11 BIRTHPLACE OF FATHER (State or country)	(Signed) Vaul Danalle, M. D. C. G. 1914 (Address) Lonard from Vivers

CAUSES, state (1) MEANS OF INSCRY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR I	HOSPITALS, INSTI	TUTIONS,	TRANSIEN	TS
At place of death yrs mos ds.	In the	rs.	mos.	ds
Where was disease contracted.	,		***************************************	uu

If not at place of death?

Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
In. Cloyeus Ceully	Dec. 10, 1
20 UNDERTAKER	APDRESS

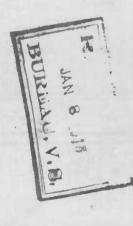
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting y. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second "Manager," "Dealer," etc., without more precise specistatement. it should be used only when ueeded. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None cated thus: been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefibite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin

valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee ou Nomenclasepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probability which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



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N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
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PLACE OF DEATH 13878	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 285
Village or City Cakerelle MA	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE SINGLE, MARRIED, MOSE Sernale Color OR RACE (Windows), Mose (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF GEN BOWN BREY 11 BIRTHPLACE OF FATHER 10 NAME OF GENTLER 11 BIRTHPLACE OF FATHER	(Signed) Ale Ring , M. D. Dec 29, 1914. (Address) Cakerille Ma
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER BUSA Beneft 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mos,ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) William Wordland	Where wes disease contracted, If not at place of death? Former or Usoal residence
(Address) Cakssalle Md	19 PLACE OF BURIAL OB REMOVAL PATE OF BURIAL 20 UNDERTAKER ADDRESS
Filed, 191	Geo Corntney Oaksviller

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Agc," "Shock," "Uraemia," "Wcakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Mcastes (discase causing death), 29 de.; affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehacmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 UNFADING INK-THIS IS FOR RESERVED MARGIN WRITE PLAINLY, WITH No.

PLAGE OF DEATH 13873	STATE OF MARYLAND CERTIFICATE OF DEATH
County Stranger	Registration Dist, No. 28/64
Village or City Freat Mills (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME Frence Milased	Dement of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Single MARRIED, WIDOWEO, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH (Month) (Day) (Year)	that I last saw hes alive on Lic 6 at 3 km, 1914
7 AGE If LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at / Rm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Frade, profession, or particular kind of work.	Joseph Die German frank De La F 1820 CC 1
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory and antila Isalay & Marke
BIRTHPLACE (State or country) Of Marys Co. Md.	Obces Aucharging (Dyration) yrs mos ds.
11 BIRTHPLACE	Signed) To War Somme From En . M. D
State or country) 12 MAIDEN NAME OFFATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds.
Informant) Searge Tichard Resent	Where was disease contracted, It out at place of death? Former or osual residence.
(Address) Treat Julls, July	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Popular Fill Church, Lec 1914 29 UNDERTAKER ADDRESS, 0. 14
REGISTRAR	Four areas Fraklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as statement. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursults can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing divays the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinologies of lungs, meninges, peritonacum, etc...

childbirth or miscarriage, as "Purrereal septichae cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUEBPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Polsoned LENT DEATHS State MEANS OF INJURY and qualify as nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 6 1915 BUREAU, V.S.

BINDING 0 R RESERVED MARGIN

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RECORD statement PERMANENT EXACTLY. Exact properly classified. 4 pe should AGE supplied. pe UNFADING may carefully that it 20 WITH pe terms, pinous WRITE m z

PHYSICIANS should state of OCCUPATION Is very certificate. 90 back 00 Every item of information signal CAUSE OF DEATH in plain important. See instructions of

SEX

7 AGE

ARENT

15

6 DATE OF BIRTH

BOCCUPATION

(a) Trado, profession, or

particular kind of work

⁹ BIRTHPLACE (State or country)

10 NAME OF FATHER

(b) General nature of Industry.

business, or ostablishment in

which employed (or omployer)

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

(Address).....

4 COLOR OR RACE

(Month)

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH

Village or City Palmy (No	Registration Dist. St.; Ward)	[If doath occurred a hospital or Instituti
*PULL NAME Still-bas		give its NAME loste of stroet and nombor.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH

PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HARRIED, CONTROL OF CO	16 DATE OF DEATH (Month) (Day) (Year)
rite the word	17 I HEREBY CERTIFY, That I attended deceased from
3 0	
(Day) (Yea)	that I last saw h alive on 191
If LESS t	han and that death occurred on the date stated above, at
1 day,	The CAUSE OF DEATH * was as follows:
ds. OR. min	? Beer de lesse later
	(Duration) yrs mos ds
	Contributory Allen Cept of
	(Secondary)
	(Duration) yrs mos ds
3	(Signed) M. D. Glium, M. D.
mul	
ch	191 (Address) College
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTALISM OF THE CAUSE OF T
12	TAL, SUICIDAL, OF HOMICIDAL.
Trown	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
/	or RECENT RESIDENTS) At place In the
	ot death yrs mos ds. State yrs mos ds.
MY KNOWLEDGE	Whore was disease contracted, If not at place of death?
to essue	Former or
	usual residence
mynd	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	all Laciet 12 8 101 -

ADDRESS

If more blanks are needed, address State Registrar, C E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpreral septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of __ cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of haad-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJUST and qualify as -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumer" for mailg ture of the American Medical Association.) "Contributory." The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PECEIVED

JAN 9 1915

BUREAU, V.S.

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. N. B

PLACE OF DEATH	13875
County Ur. Mary	2
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Village or City Plouarl	Wound.
	1 0



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

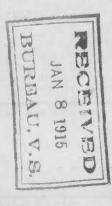
Village or Gity plouaed ormo	St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or race Single, Married Widowed, Oralivaret (Write the word) Colored Single, Married Widowed, Write the word) Colored Colored	(Month) (Day (Year) (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 1914, to 1914, that I last saw here alive on the control of th
Tage about 60 yrs. mos ds. OR mln.?	and that death occurred on the date stated above, at \$30 P. m. The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Clarko Insufficiency (Duration) yrs. may ds.
9 BIRTHPLACE (State or country) 10 NAME OF //	Contributory Secondary (Ourstion) yrs mos ds.
FATHER Veury Has dur 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSINS DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF LAURY; and (2) whether ACCIDENTAIL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted.
(Informant) Mrs. & A. Connalier	If not at place of death? Former or usual residence
(Address) Land down Ind	19 SLACE OF BURIAL OR REMOVAL DATE OF BURIAL Sh. Clores Clevely Dec. 12, 1914 20 UNDERTAKER W. C. Wateriel & Lova Shirm
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Consus and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulcated this: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various parsuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereuctsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: which surgical operation was nudertaken. For vio mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scotichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." sepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probabily LENT DEATHS state MEANS OF INJURY and qualify as Bronehopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile," etc.), may be stated nuder the head oi (Recommendations on statement of "Dropsy," "Exhaustiou," Never report



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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

PLACE OF DEATH 13876 County Amarys Village or City Andrewill (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
FULL NAME SMANNE TO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alve on maturity , 191
TAGE Still Gos 1 day,hrs. yrsds. ORmin.?	and that death occurred on the date stated above, at 2
© OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which smpjoyed (or employer)	(Duration) yrs, mos ds.
9 BIRTHPLACE (State or country)	Contributory (Secondary)
10 NAME OF FATHER ALTMANE TYSON 11 BIRTHPLACE OF FATHER (State or country) A HARRY OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Best Tick Hunger for A	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, It not at place of death? Former or usual residence

19 PLACE OF BURIAL

DATE OF BURIAL

20 UNDERTAKER

ADORESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by L. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. . But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the death of cause of death—Name, first, the death of causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaeetc., when a dcfinite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or ample: Measles affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic Bronchopneumonia (secondary), 10 ds. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing terminal conditions, such as "As-(name orlgin; "Candeath), 29 State cause for "Exhaustion," Never report Examples: For vio-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Lelements (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No
* FULL NAME Maggie & ford	dan give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word) 8 DATE OF BIRTH Apr. 24 1826	18 DATE OF DEATH ADEC. 24, 1914 (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from ADEC. 15, 1914, to ADEC. 24, 1914.
(Month) (Day) (Year) 7 AGE It LESS than 1 day,hrs. ormin. ?	and that death occurred on the date stated above, at 10 P. m. The CAUSE OF DEATH* was as follows:
(a) Frads, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buration) yrs mos ds. Gontributory (Secondary)
10 NAME OF Prochard Minites 11 BIRTHPLACE (State or country) 12 MAIDEN NAME 5 OF MOTHER 5	(Signed) , M. D. *State the Disease Causing Death, of, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
Informant) Chaque william	Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Loo. 27, 1914 L. B. Johnson Lein. Light REGISTRAR	Sacred Heart Lee 22, 1914 20 UNDERTAKER Eugen Jardan Clements
If more blanks are needed, address State Registrate	; 6 E. Frankin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritie nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci--Hart failure," "Haemorrhage," "Inanition," "Maras ture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for the head of Examples:



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH 13878 County Amany Village or Gity Oaksilly (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 25.3 [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Moderned OR DIVORCED (Write the word)	16 DATE OF DEATH C 3- 1914 (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last ssw h
7 AGE I1 LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	attending Physician
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER Sace MANSILE 11 BIRTHPLACE OF TATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed) (Buration) yrs mos ds. (Signed) (Address) (Supplied of Manager Causes, state the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuay; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(interment) Andrew Construction (interment)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Charles Village 15	hall le Sec. 1th
Filed, 191REGISTRAR	20 UNDERTAKER ADDRESS B. B. LOVE MINGANDO
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healtbful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from State cause for



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A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. N.B.

13879 PLACE OF DEATH



STATE OF MARYLAND

County III Mary	1	CERTIFICATE OF DEATH
		Registration Dist. No.
Village or Gity Ollmon (N	Eliza	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICU	LARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the	vorđ)	16 DATE OF DEATH (Month) (Day (Year) 17 (Year) 17 (Year)
6 DATE OF BIRTH (Month) (Day	, 15/3 (Year)	that I last saw h. A. alive on Alogy 1914,
7 AGE yrs mos d:	If LESS than 1 day,hrs. 3. ORmin.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in		(Duration) vrs. mos. 36 kg
which employed (or employer) 9 BIRTHPLACE (State or country) ### Diams.	6	Gontributory
OF TATHER ANGLES OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER OF COUNTRY)	allingle	(Signed) (Suration) yrs mos ds. (Signed) (Address) (Address) (Address)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	Visl	*State the DISE SE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNO	11-600	At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) TT TO Mullismy	MISOGE	It not at place of death? Former or usual residence.
(Address)	hor	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed, 191	REGISTRAR	20 UNDERTAKER POLL COMPLEY SECRETARION
II more planks are needed, add	ress State Regis	trar, 6 E. Franklin St., Balto., Requesting . S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

-statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucisis of lungs, meninges, peritonaeum, etc., Carcin-

valpular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. oma, Sarcoma, etc., of...... (name orlgin; "Cau-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of sknll, and cousequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," ctc.), "Collapse," "Coma," "Convilsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asample: ture of the American Medical Association.) cause of death approved by Committee on Nomencladeut; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. is less defiuite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease cansing death), 29 ds.; (Recommendations ou statement of "Dropsy," "Exhaustion," Never report



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in ...Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RAGE MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) TAGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE Lecale, 191/2. (Address) ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ mos, ___ ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE KNOWLEDGE if not at place of death? Former or usuai residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS Filed REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. "Mauager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is uecapplies to each and every person, irrespective of age. causing death, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman. (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulicsis of lungs, meninges, peritonaeum, etc., Carein-

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STATE OF MARYLAND CERTIFICATE OF DEATH

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FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3 SEX SaINGLE. 4 COLOR OR RACE MARRIED, & Write the word) DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than 1 dayhrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry. business, or establishment in which employed (or employer) A Company of the Comp 9 BIRTHPLACE (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

REGISTRAR

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

County De Mary	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283
2 FULL NAME Salah Ellen	Payne St.; Ward) St.; Ward) a hospital or iostitution give its NAME lostea et street aod nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Adonth) (Day) (Year)	2001. 17 1914, to her 20 , 1914 that I last saw her alive on hele. 19 , 1914
TAGE It LESS than 1 day, hrs.	and that death occurred on the date stated above, at 10 ac m The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory atters selenses.
10 NAME OF FATHER PLANS Rong. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME SOLUTION	(Signed) , M. D , M.
OF MOTHER Mary E. hong 13 BIRTHPLACE OF MOTHER (State or country) MA	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
Informent, Mas Mellie Johnson	Where was disease contracted, It not at place of death? Former or usual residence
Filed Lac 21, 1914 L. B. Lucal - RECISTRAR	DATE OF BURIAL OR REMOVAL DATE OF BURIAL ALLE 34., 1914. 20 UNDERTAKER ADDRESS Morganza
If more blanks are needed, address State Registran	, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative meaithful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. (a) Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

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sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal scottichaemus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chrowie ver" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... -Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can State cause for Examples:



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 280 [If death occurred la St.: Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, (Month) (Day (Year) OROIVORCEO (Write the word) I HEREBY CERTIFY. That I attended deceased from B DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry. business, or establishment in (Duration) Which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER alles 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) to the of death _____ yrs. ___ State Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at piace of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15

20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Censns and American Public Health Association.]

statement "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not it should be used only when needed. the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the who have no occupation whatever, write None. Statement of occupation-Precise statement of oeeupa-Spinner, especially in industrial employments, it is nee-If retired from business, that fact may be indi-Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculcisis of lungs, meminges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Co	PLACE OF DEATH 13884	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 28
V	illage or City Palley Lee (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Calor OR RACE Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH Auly 14, 1907 (Month) (Day) (Year)	that I last saw h last alive on 2 1914.
7 AC	7 yrs. 4 mos. 23 ds. OR min. ?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,		
	ness, or establishment in ch employed (or employer)	
9 BI (St	RTHPLACE (ate or country) ft. Mary's Comp	Contributory (Secondary) (Duration) yrs. mos. ds.
	10 NAME OF West & Sounders	(Signed) / Avrhe Luce M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country) & Mary Com	*State the Disease Causing Death, or, in deaths from Violent
PAR	OF MOTHER Meliel Birane	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	OF MOTHER (State or country) St. March Commen	At place In the of death yrs mos ds. State yrs mos ds
Informant) Mu & Samueles		Where was disease contracted, If not at place of death? Former or usual residence
	Address lally Lee, mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 File	od Dec 8 , 1914 Benj. J. Redman	Marks Church Dec 8 1914 20 UNDERTAKER Piscon Coloress Peter Piscon Coloress
	if more blanks are needed, address State Registrar, 6 E	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by L. S. Census and American Public Health Association.]

statement. cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to tilme and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in ...Ward) a hospital or institution. give its NAME instead of street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. (Month) (Dav) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTA 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. mos. .. State Where was disease contracted. If not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative wealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as minc, etc. statement. the nature of the business or industry; and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

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V. S. No. 1.

village or City brechanceshorelle	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 284 St.; Ward) Lower St.; Ward) St.; Ward is the instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Germale White Single, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended decaased from
6 DATE OF BIRTH	, 191, to, 191,
(Month) (Day (Year)	that I last saw hslive on
7 AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
GOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	chied but suppose it
9 BIRTHPLACE (State or country)	Secondary
on 11 BIRTHPLAGE	(Signed) Jach Russam, M. D. (Signed) Jach Russam, M. D.
11 BIRTHPLACE OF FATHER (State or country) St. Grands 12 MAIDEN NAME OF MOTHER Bertie & Edwards	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLERT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) ST. Squary's 60 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of deathyrs mos ds. Stateyrs mos ds Where was disease contracted,
(Informant) Arlson Thompson	It not at place of death?————————————————————————————————————
(Address) Mechanics ville	19 PLACE OF BURIAL OR REMOVAL ALL Faith Center Dec 2 9 1, 1914 20 UNDERTAKER ADDRESS
Filed 27, 1914 Magain REGISTRAR	Lilson Thompson mechanics will

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

statement. cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: been changed or given up on account of the disease additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons If the occupation has (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Connant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. etc, when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent)



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Village or City Hollyman (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 283 [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Hhite Single, Married, Midowed, Mylonger (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
(Month) (Day Year)	Dec 294 1914 to Dec 24th 1914, that I last saw h 2124 alive on Dec 24th 1914
TAGE It LESS than I day, hrs. OR min.? OCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PERTHPLACE (State or country) 10 NAME OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER	and that death occurred on the date stated above, at
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONA, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos, ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL ACCOUNTY AND ADDRESS OF SURIAL OR SURIAL DATE OF BURIAL
Filed,191REGISTRAR	20 UNDERTAKER ADDRESS WAS B. Mattingley Leonarting Tar, 6 E. Franklin St., Balto., Requesting S. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second it should be used only when needed. should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (0)

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) (Month) TAGE If LESS than 1 day,.....hrs. The CAUSE OF DEATH * Was OR ? yrs,........mos,......ds. BOCCUPATION (a) Trade, protossion, or particular kind of work. (b) Goneral nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Doration) 10 NAME OF ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the 13 BIRTHPLACE OF MOTHER (State or country State _____ yrs. ___ mos. ot doath yrs. mos. Where was disease contracted. if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 20 UNDERTÄKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilf death occurred lo

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a hospital or institution, give its NAME Instead ot street and number.1

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DATE OF BURIAL

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[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Houscieife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemie eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichac-"Heart failure," "Hacmorrhage," "Inanition," "Marasvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomenclasuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eonditions, such as "Asaffection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: Measles (disease eausing death), 29 ds.; The contributory Always qualify all diseases resulting from "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," Never report For VIO-

